

# Moving on from Cancer – Preliminary Results from a group programme at the end of adjuvant treatment

Dr Kate Jenkins, Sarah Pestell, Beccy Alberry, Vivien North, Jane Daniel, Dr Nigel North  
Clinical Psychology Department, Salisbury District Hospital, UK

## Background

End of treatment has been shown to be a very difficult time for patients, as they often feel vulnerable with less frequent contact with the health service, anxious about disease recurrence and under stress regarding “picking up the pieces” of their life before cancer. (eg, Ganz et al. 2004, Cimprich et al, 2005).

Various studies have examined ways of making the progression from the end of adjuvant treatment easier for patients. Psycho-educational groups have been proposed as an effective method of easing the transition.

## Methods

An extensive literature review identified topics that patients describe as difficult to cope with, effective formats of intervention and the predictors of distress at the end of treatment. A focus group was then conducted with a sample of patients who had finished active treatment in the previous year. The focus group was structured by the findings of the literature review, but participants were also able to comment freely on their own experiences. The participants reiterated the findings in all areas, apart from on the topic of sexual relationships, which they felt should not be discussed in a group setting.

The results of this were combined with the evidence base and a six session group programme was developed. Each week consists of a 45 minute psycho-educational slot covering a different topic, with guest speakers, followed by a 45 minute therapeutic session. Refreshments are provided in between the two sessions to allow participants to interact with one another informally.

### The topics highlighted by the literature and confirmed by the focus group included:

- Diet and exercise
- Relaxation
- Managing emotions
- Family relationships
- Returning to work
- Preparation for ongoing symptoms.

The group is evaluated using the Hospital Anxiety and Depression Scale (Zigmond & Snaith, 1983) and the Mental Adjustment to Cancer Scale (Watson et al, 1988), administered pre and post group, with six month follow-up. Patients who were offered the group at the initial screening point but declined the invitation will also be followed-up at the six month point, in order to assess any difference in mood and adjustment between those who received the group support and those who chose to decline. Whilst this is a self-selecting sample those who decline are used as a control group. So far, with three groups completed, a total of 36 patients have attended and 78 have declined the invitation to the group.

Participants are also asked to feedback their own feelings about the effect of the group, in order to enrich the data with qualitative information.

## Results

### Qualitative comments about useful elements include:

- “Strategies for dealing with the unsettling trains of thought that can attack one at any time”
- “Helping me pace myself and not expect too much too soon”
- “Discussion with others experiencing similar things, such as the chemo brain!”
- “Families – thinking about how to deal with other people’s reactions”

## Quantitative Results

The group has a significant positive effect on levels of depression as measured by the HAD Scale ( $p < 0.05$ ). Mean depression scores fall to below those of the control group

It also increases Fighting Spirit as measured by the MAC, although this is a trend and does not reach statistical significance

No participants were scoring in the clinical range for anxiety or depression

The control group (those who declined the invitation,  $n = 78$ ) have lower levels of anxiety at the pre group stage than those who chose to attend

In terms of usefulness, the group is rated at a mean of 8.66 out of 10, where 0 = not useful and 10 = extremely useful

## Conclusion

Preliminary results are encouraging and suggest that patients find a combination of psychoeducation and psychotherapeutic support to be beneficial at this point in their cancer journey. At present, 31% of patients who are invited to the group choose to attend.

Results will become more robust as further data is collected but it is hypothesised that patients who attended the group will have different outcomes to those who declined at six-month follow-up. Not all tumour groups are being targeted due to the nature of various treatments and geographical considerations. In future, it is hoped that more tumour sites will be reached and group membership expanded. Currently only patients with breast and colorectal cancer have attended.

Because the group is not designed to be a clinical intervention, the qualitative, subjective data from patients seems to be more meaningful than the quantitative results and shows that patients appreciate being given the opportunity to share their experiences and be included in a supportive group at the end of their adjuvant treatment.

## References

- Ganz, P., Kwan, L., Stanton, A., Krupnick, J., Rowland, J., Meyerowitz, B., Bower, J. & Belin, T. (2004) *Quality of life at the end of primary treatment for breast cancer: First results from the Moving Beyond Cancer randomised trial*. Journal of the National Cancer Institute. Vol 96 (5), pp376-387
- Cimprich, B., Janz, N., Northouse, L., Wren, P., Given, B. & Given, C. (2005) *Taking Charge: A self-management programme for women following breast cancer treatment*. Psycho-Oncology. Vol 14, pp704-717
- Zigmond, A. & Snaith, R. (1983) *The Hospital Anxiety and Depression Scale*. Acta Psychiatrica Scandinavia. Vol 67, pp361-370
- Watson, M., Greer, S., Young, J., Inayat, G., Burgess, C. & Robertson, B. (1988) *Development of a questionnaire measurement of adjustment: The MAC Scale*. Psychological Medicine. Vol 18, pp203-209

## Acknowledgements

**This project would not have been possible without the generous support of the Wessex Cancer Trust**

For more information please contact Dr Kate Jenkins, Clinical Psychologist at  
[kate.jenkins@salisbury.nhs.uk](mailto:kate.jenkins@salisbury.nhs.uk)

